



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 03 2025

BY

1. Entity ID Number 000028330		2. Exact name of the Corporation Mautucket-By-The-Sea Association, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Securing properties for the establishment and maintenance of beach and pond property for the enjoyment of property owners on that recorded plat entitled Mautucket-By-The-Sea. Maintain, upkeep and improve properties.	
4. NAICS Code 562888			
6. Principal Office Address 10 Barnacle Drive		City Wakefield	State RI Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kenneth Bowman		Vice-President Name Joseph Allegretti	
Street Address 10 Barnacle Drive		Street Address 102 Teal Drive	
City Wakefield	State RI	City Wakefield	State RI Zip 02879
Secretary Name Karen Eidelman		Treasurer Name Emil Kopcha	
Street Address 94 Bedford Dr.		Street Address 253 Mautucket Rd	
City Wakefield	State RI	City Wakefield	State RI Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kenneth Bowman		Director Name Joseph Allegretti	
Street Address 10 Barnacle Dr.		Street Address 102 Teal Drive	
City Wakefield	State RI	City Wakefield	State RI Zip 02879
Director Name Karen Eidelman		Director Name Emil Kopcha	
Street Address 94 Bedford Drive		Street Address 253 Mautucket Rd	
City Wakefield	State RI	City Wakefield	State RI Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Emil Kopcha			Date 2/1/2025
Signature of Officer/Authorized Representative <i>Emil Kopcha</i>			

MAIL TO:

Division of Business Services

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